

BEST AVAILABLE COPY

MULTIPLE DEPEN. FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						CLAIM	SERIAL NO. 01549548	FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2	1						52	1					
3	1						53						
4	3						54						
5	3						55						
6	3						56						
7	(1)						57						
8	(1)						58						
9	(1)						59						
10	(1)						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19	1						69						
20	(1)						70						
21	(1)						71						
22	(1)						72						
23	(1)						73						
24	(1)						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	2						79						
30	2						80						
31	2						81						
32	(1)						82						
33	(1)						83						
34	(1)						84						
35	(1)						85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43	1						93						
44	1						94						
45	(1)						95						
46	(1)						96						
47	(1)						97						
48	(1)						98						
49	(1)						99						
50	1						100						
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	55					
TOTAL CLAIMS							TOTAL CLAIMS	61					